16732

10686

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 243

1. PLACE OF DEATH:
COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glenn Dale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Herbert (Last) Anderson

4. DATE OF DEATH (Month) Nov (Day) 29, (Year) 1954

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 12 July 1901 | 9. AGE last birthday: 53 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): U.S.N. Retired | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Anderson | 14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1920-1952 | 16. SOCIAL SECURITY NO.: 012-24-9321 | 17. INFORMANT & ADDRESS: wife Ruth E. Anderson-Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 11-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12-1-1954 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) (Arlington Cemetery, Va.)

DATE REC'D BY LOCAL REG. Nov. 30, 1954 | REGISTRAR'S SIGNATURE Mrs Eleanor M. Yingling | 24. FUNERAL DIRECTOR ADDRESS H. Dorsha Sons - Hyattsville, Md.

Dec. 3, 1954

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
DEC 7 1954
BUREAU V. S.

10733

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10687 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

4037

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kentland | LENGTH OF STAY (in this place) 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7610 - Lombard St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kentland
STREET ADDRESS (If rural, give location) 7610 Lombard Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Teresa (Last) Babendreir
4. DATE OF DEATH (Month) (Day) (Year) 11 - 5 - 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Sept 4, 1952	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Albert Babendreier
14. MOTHER'S MAIDEN NAME: Mary Ann Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Tracheo-bronchitis	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] or CONTRIBUTING [ ] CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work [ ] Not while at work [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X], Inquiry [X], and find that death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined cause [ ].

SIGNATURE John J Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER [ ] DEPUTY MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAM. [X]
DATE SIGNED 11-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-9-54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Kentland (State) Md.

DATE REC'D BY LOCAL REG. 11-5-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Frank Devereaux Co.
ADDRESS 3605-14th St. N.W. Washington, D.C.

RECEIVED
NOV 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10691 11775

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x-3
STREET ADDRESS (If rural give location) 3100 Walker Mill Rd., Wash., DC

3. NAME OF DECEASED: (Type or Print) (First) Female (Middle) (Last) Bailey

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1954

5. SEX: Fe. | 6. COLOR OR RACE: col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 11/9/54 | 9. AGE last birthday — yrs. | IF UNDER 1 YEAR: Months — Days 2 | IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bailey, Mr. Artemus
14. MOTHER'S MAIDEN NAME: McCoins, Lillian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother - as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE: 760.0	(A) Intracranial Lemorrhage	
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Intrauterine Trauma	
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9, 1954 to 11/11, 1954 that I last saw the deceased alive on 11/11, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED
J. A. Christensen College Park 11/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 12/3/54 | NAME OF CEMETERY OR CREMATORY Prince Georges Gunton | LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 12/27/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Henry W. Penn & Sons | ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

20XH248293

RECEIVED
DEC 30 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10688

CERTIFICATE OF DEATH

10692

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 38
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park 14
STREET ADDRESS (If rural give location) 4903 Kuston St.

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) (Last) BALL

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-28-97
9. AGE last birthday 57 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TELEGRAPH OPERATOR
10B. KIND OF BUSINESS OR INDUSTRY: FEDERAL RESERVE
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RICHARD BALL
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S ADDRESS: MARGUERITE R. BALL 4903 RUXTON ST. BERNYN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Acute Congestive Heart Failure

ANTECEDENT CAUSE (B) DUE TO Arterio-Sclerotic Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Pulmonary Emphysema

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953 to Nov. 1954, that I last saw the deceased alive on 10 Nov. 1954, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE M. D. [signature] ADDRESS College Park, Md. DATE SIGNED 11-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION
DATE THEREOF November 13, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) SUITLAND MD.

DATE REC'D BY LOCAL REGISTRAR 11/12/54
REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W.W. CHAMBERS
ADDRESS 5801 CLEVELAND AVE. RIVERDALE MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10693 10689

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 5mos-11days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Georges' Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Rad
STREET ADDRESS (If rural give location) 5103 Annapolis Rd

3. NAME OF DECEASED: (First) William (Middle) REKNICK (Last) Beattie
4. DATE OF DEATH: (Month) Nov (Day) 21, (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 12-17-70
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Agriculture
10b. KIND OF BUSINESS OR INDUSTRY: Light of Agriculture
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Johnston Beattie
14. MOTHER'S MAIDEN NAME: Mary McCammon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Hospital Records Cheverly, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO Cerebral Vascular Accident

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1954, to 11/21, 1954 that I last saw the deceased alive on 11/21, 1954, and that death occurred at 3:20 AM, from the causes and on the date stated above.
SIGNATURE Andrew Rex M. D. ADDRESS 1833 Monroe St NE DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov 23, 1954 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR 11/24/54 — REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaschione — ADDRESS Hyattsville Md

RECEIVED
NOV 29 1954
BUREAU V. S.

10694

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10690 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington D. C.
STREET ADDRESS (If rural, give location) 1511 Franklin St N E

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Beckert
4. DATE OF DEATH (Month) November (Day) 25, (Year) 19 54.

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 7/1/82
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frank A Beckert
14. MOTHER'S MAIDEN NAME: Mary Bock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) –
16. SOCIAL SECURITY NO.: –
17. INFORMANT & ADDRESS: George Beckert (nephew)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiovascular Renal Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J Maloney (Hyattsville M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11-27-54
NAME OF CEMETERY OR CREMATORY Congressional Cemetary
LOCATION (City, town, or county) (State) S.E. Washington, DC.

DATE REC'D BY LOCAL REG. 11-26-54
REGISTRAR'S SIGNATURE Amanda Mooney
24. FUNERAL DIRECTOR ADDRESS J. Wm Lee 300 4th St. N.E Washington, D.C.

VS. A15A - 5 - 53

10691

MARYLAND 10683

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

Items 3, 14: film G175 1/5/55 L

1. PLACE OF DEATH: COUNTY PRINCE GEORGE'S MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town OR TOWN HYATTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401 LEGATION Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY PRINCE GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural, give location) 1401 LEGATION Rd

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) Ann (Last) BELT

7. DATE OF DEATH (Month) NOV (Day) 23 (Year) 1954

4. SEX FEMALE

5. COLOR OR RACE WHITE

6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH Sept 15 1866

9. AGE last birthday 88 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) BALTIMORE Md

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME ROBERT ROSE

14. MOTHER'S MAIDEN NAME Mary Ann MARIONI SELBY TOWNSEND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS 1401 LEGATION Rd RUTH BELT MATHEWS HYATTSVILLE Md MATTHEWS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MYOCARDIAL INFARCTION — 72 DAYS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS — YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1954, to Nov 23, 1954, that I last saw the deceased alive on Nov 21, 1954, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry R. Wolfe M.D. ADDRESS 5603 CALLUM HEIGHTS DRIVE DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE Nov 26 1954

NAME OF CEMETERY OR CREMATORY MT OLIVET CEM.

LOCATION (City, town, or county) (State) BALTIMORE Md.

DATE REC'D BY LOCAL REG. Nov. 23 1954

REGISTRAR'S SIGNATURE Mrs Jas Lowe Deputy Registrar

24. FUNERAL DIRECTOR THE S. H. HINES CO. ADDRESS 2901-14TH ST NW WASHINGTON D.C.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10692

10731 CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hall
LENGTH OF STAY (In this place) 46 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) Buchanan (Last) Binger

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 19, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Binger

14. MOTHER'S MAIDEN NAME: Sarah (nee Buchanan)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Mrs. Bessie Binger (Hall, Maryland)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4421X Immediate cause	(a) Cerebral Thrombosis due to Fibrillation	4 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive C.V.R. Disease	Unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatism

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 54, to 28 Nov. 19 54, that I last saw the deceased alive on 27 Nov. 19 54, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M D respect M.D. Upper Marlboro Md 29 Nov 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/1/54

NAME OF CEMETERY OR CREMATORY Mt. Oak Cem.

LOCATION (City, town, or county) Mitchellville, (State) Md.

DATE REC'D BY LOCAL REG. 12-2-54

REGISTRAR'S SIGNATURE Louise N. Peach

24. FUNERAL DIRECTOR Ritchie Brothers ADDRESS Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10693

10695

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Gen 9, Film 174 12-6-54 et

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 36
LENGTH OF STAY (in this place) 28 Dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cottage City
STREET ADDRESS (If rural give location) 4016 Parkwood St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) ALEXANDER (Last) Bobb

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1954

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. 8. DATE OF BIRTH: 11-7-1881 9. AGE last birthday 73 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Justice of Peace
10B. KIND OF BUSINESS OR INDUSTRY: Pro Rec County
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Matthew Bobb
14. MOTHER'S MAIDEN NAME: Jennie Pennypacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Adie C Bobb College city, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Hypostatic Pneumonia	24 hours
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) arteriosclerosis (Hypertensive)	over 5 yrs.
	DUE TO	
	(C) Cerebral Vascular accident	6 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetis mellatus	over 5 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1954, to Nov 21, 1954, that I last saw the deceased alive on Nov 21, 1954, and that death occurred at 2 45 P.M., from the causes and on the date stated above.

SIGNATURE Louis M. Jirnal M.D. ADDRESS Cottage City, Md. DATE SIGNED 11-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 24, 1954
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/24/54
REGISTRAR'S SIGNATURE Amanda L. Lowery
24. FUNERAL DIRECTOR ADDRESS F Bassler Sons Hyattsville, Md

VS. A15—11-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11783

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10695 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 13 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5503 Decatur St

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Boykin
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11-28-54
9. AGE Last birthday ____ yrs. IF UNDER 1 YEAR Months ____ Days ____ IF UNDER 24 HRS. Hours 13 Min. ____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leonard Boykin
14. MOTHER'S MAIDEN NAME: Corinne Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother - as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Prematurity (4 lbs: 1300 gms) — 13 hrs

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/28/1954, to 11/28/1954 that I last saw the deceased alive on 11/28/1954 and that death occurred at 8 P M, from the causes and on the date stated above.
SIGNATURE: Leon L. Gallen M. D. ADDRESS 3827-34th St. Mt. Rainier, Md DATE SIGNED 11/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 12/3/54
NAME OF CEMETERY OR CREMATORY Prince Georges Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 12/27/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr
ADDRESS Hyatt

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

20X425H312

MARYLAND

10697

10694

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
MARYLAND LENGTH OF STAY (in this place) 348 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial 4408 Bussys Burn Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Wash. D.C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1434 - Chapin St N.W

3. NAME OF DECEASED (Type or Print) (First) Miss Annie (Middle) Hermine (Last) Danthea Brandes

4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1954

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH March 1868 | 9. AGE last birthday 86 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Music Teacher

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Otto Christian Brandes

14. MOTHER'S MAIDEN NAME Marie Beckmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast

Antecedent cause(s) with Metastasis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1953, to Nov 23, 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 9:15 a. m., from the causes and on the date stated above.

SIGNATURE L W Malone (Degree or title) M.D. ADDRESS Riverdale Md DATE SIGNED 11-23-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov 26 1954 | NAME OF CEMETERY OR CREMATORY Blenwood Cem | LOCATION (City, town, or county) (State) Washington D.C

DATE REC'D BY LOCAL REG. Nov 23, 1954 | REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS Washington, D.C. 300 - 4th S.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10695

10735 **CERTIFICATE OF DEATH** Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■■■ is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenn Dale (Rural) X
LENGTH OF STAY (in this place) 1 yr. 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2420 Eye St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Briggs

4. DATE OF DEATH: (Month) Nov. (Day) 17th (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 2/9/96

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Henderson

14. MOTHER'S MAIDEN NAME: Josephine Van Cleef

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no—

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - 19b. MAJOR FINDINGS OF OPERATION: - 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/VI/53, to 11/17/54, that I last saw the deceased alive on 11/17/54, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Daniel F. Finucane M.D. ADDRESS Glenn Dale Md. DATE SIGNED 11/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 11/19/54 — NAME OF CEMETERY OR CREMATORY District of Columbia morgue — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/17/54 — REGISTRAR'S SIGNATURE Mae Allen — 24. FUNERAL DIRECTOR Daniel F. Finucane M.D. — ADDRESS Glenn Dale Md.

Glenn Dale Md.

10736

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10696

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Berkshire Village
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7318 - Insey Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berkshire Village
STREET ADDRESS (If rural, give location): 7318 Insey Street

3. NAME OF DECEASED: (First) Mary (Middle) C. (Last) Broadhurst (Type or Print)
4. DATE OF DEATH (Month) 11 (Day) 5 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 6-12-1876
9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Mullinix
14. MOTHER'S MAIDEN NAME: Mary E. Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edith Cashour - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11-8-54
NAME OF CEMETERY OR CREMATORY Bowmansville Cemetery
LOCATION (City, town, or county) Bowmansville (State) Md.

DATE REC'D BY LOCAL REG. 11-5-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Roy W. Barber
ADDRESS Fontainville Md. Montgomery Co.

VS. A15A - 5 - 53

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10697

10698

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly 38 | LENGTH OF STAY (In this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 4406 Sheridan St.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Wilson (Last) Brown

4. DATE OF DEATH: (Month) (Day) (Year) 11 — 28 — 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M. | 8. DATE OF BIRTH. Oct-9-1892 | 9. AGE last birthday 62 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10B. KIND OF BUSINESS OR INDUSTRY: Federal Govt Employee | 11. BIRTHPLACE (State or foreign country): Linden, Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Brown | 14. MOTHER'S MAIDEN NAME: Ada Berryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service) WW I | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Carcinoma of Cecum w Secondary Infection	
ANTECEDENT CAUSE (B)	DUE TO (A) Myocardial Infarction	24 hrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cerebral Vascular Accident	24 hrs
	DUE TO (C) Hypertensive Arteriosclerosis	4 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis Bilateral	24 hrs

19A. DATE OF OPERATION: Nov 23 1954 | 19B. MAJOR FINDINGS OF OPERATION: Rt Colectomy (Carcinoma of Cecum & Ascending Colon) | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1954, to Nov. 28, 1954, that I last saw the deceased alive on Nov. 28, 1954, and that death occurred at 8:40 P M, from the causes and on the date stated above.

SIGNATURE David D. Clayman M. D. | ADDRESS 6311 Baco Ave Riverdale, Md | DATE SIGNED 11/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment | DATE THEREOF Dec 1, 1954 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery | LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR 11/30/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Gasch Sons | ADDRESS Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10698

CERTIFICATE OF DEATH

10737 Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-BRANDYWINE
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL-RI Brandywine

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL BRANDYWINE
STREET ADDRESS (If rural give location) RURAL - RI - BRANDYWINE

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) ELLA (Last) BRYANT

4. DATE OF DEATH: (Month) NOV. (Day) 18 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: MAY 19, 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HARRY PROCTOR

14. MOTHER'S MAIDEN NAME: CAROLINE SAVOY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT & ADDRESS: ALBERTA PROCTOR - Great niece

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) INANITION + SENILITY.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO OLD AGE -

(c) DUE TO CHRONIC MYOCARDIAL WEAKNESS of Ears

Interval Between Onset And Death: 2. weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office building) NONE (CITY OR TOWN) NONE (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from Nov. 1953 to Nov. 1954, that I last saw the deceased alive on AUGUST, 1954, and that death occurred at 8:30 AM, from the causes and on the date stated above.

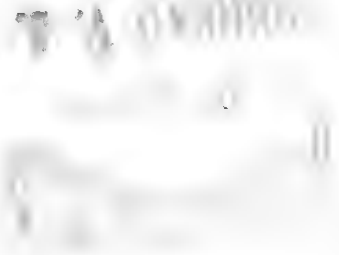
SIGNATURE (Degree or title) Valeh M. Seron M.D. ADDRESS Aquasco, Md DATE SIGNED Nov. 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 22 1954 NAME OF CEMETERY OR CREMATORY St. Peters LOCATION (City, town, or county) Waldorf, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-22-54 REGISTRAR'S SIGNATURE M. F. Jenkins F. H. Billingsley mgr.

24. FUNERAL DIRECTOR Hugtt & Ryon, Waldorf, Md. ADDRESS

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

10738

2411 N. Charles Street, Baltimore

10699

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant — LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chicks Coppuhaven Hosp. 6705 F St. Seat Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W. (Last) Bryan

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 1875

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Washington D.C. USA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Bryan

14. MOTHER'S MAIDEN NAME: Selena Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs Agnes Childs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial infarction — Interval between onset and death: 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic heart disease
(c) Severe congestive heart failure and Atrial fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1954, to Nov. 25, 1954, that I last saw the deceased alive on Nov. 23, 1954, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Joseph C. Lawling Jr. MD. — 6705 F St. Seat Pleasant Md. — 11/25/54

23. BURIAL / CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 11/27/54 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county): Washington — (State): D.C.

DATE REC'D BY LOCAL REG.: 11-25-54 — REGISTRAR'S SIGNATURE: Amanda Downey, Carrie E. Campbell

24. FUNERAL DIRECTOR — ADDRESS: J. H. Lee's Sons Co. Washington D.C.

10739

10760 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1011 62th Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cedar Heights Maryland
STREET ADDRESS 1011 (If rural, give location) 62th Place,.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Burley

4. DATE OF DEATH (Month) Nov (Day) 24, (Year) 19 54.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	colored	single	April 8, 1930	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	construction	Maryland	U S A

13. FATHER'S NAME: Ernest Hurley

14. MOTHER'S MAIDEN NAME: Mary E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Hazel E. Hughs (sister) same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Epilepsy DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-24-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11-24-1954	H.S. Woodward	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/24/54	Amanda Downey	H.S. Washington	467 n. St. n.w.
	Carrie Campbell		Washington D.C.

10699 10701

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4206 - Farragut Street

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Arthur (Last) Carr
4. DATE OF DEATH (Month) 11 (Day) 10 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 29. 1906	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	D.C. Govt	Washington D.C.	U.S.A.

13. FATHER'S NAME: Charles Frank Carr.
14. MOTHER'S MAIDEN NAME: Mary Browning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Toxemia & exhaustion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Intestinal gangrene
DUE TO
(c) Mesenteric thrombosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Pancreatitis & Cirrhosis of liver

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
—		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-10-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/13/54.	Fort Lincoln Cemetery	Colmar Manor, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/54	Amanda Downey	Flasche Bros.	Hyattsville Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10702

10700 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo's Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Elsie (Middle) W. (Last) Chaney
4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1954.
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 12, 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John E. Crosby
14. MOTHER'S MAIDEN NAME: Margaret (nee Jones)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Henry E. Chaney Hall, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Thrombosis	15 days
	DUE TO (c) Left Hemiplegia	4 years
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	18 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: No (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954 to Nov 1, 1954, that I last saw the deceased alive on Nov 1, 1954 and that death occurred at 9:48 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
James L. Sasscer M.D. - Upper Marlboro, Md. 11-2-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/4/54
NAME OF CEMETERY OR CREMATORY St. Barnabas Cem.
LOCATION (City, town, or county) Leland (State) Md.
DATE REC'D BY LOCAL REGISTRAR 11/4/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10703

10701

Item 12, Film 274 12-6-54

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly RFD
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park X
STREET ADDRESS (If rural give location) 6415 Coolige St.

3. NAME OF DECEASED: (First) August (Middle) (Last) Chernak
4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	JUNE 1888	66 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: COAL MINER
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
NO	NONE	167-07-7130	MARY CHERNAK 6415 COOLIDGE ST. MD. PK. MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21, 1954, to 11/24, 1954, that I last saw the deceased alive on 11/23, 1954, and that death occurred at 12:50 P M, from the causes and on the date stated above.

SIGNATURE Joseph E. Lawlor Jr. M. D. ADDRESS 6124 Central ave. Capitol Hts. DATE SIGNED 11/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/27/54	Woodlawn Cem.	Shadyside Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/25/54	Amanda Denney	W. W. Chambers Co.	517 11th St SE

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10704

10702

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Items (..., File 174 11-16-54 C)

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly RR
LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Hgts.
STREET ADDRESS (If rural give location) 1119 - 60th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Christian

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 19 54

5. SEX: M | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S — | 8. DATE OF BIRTH: 11-25-92 ? | 9. AGE last birthday 62 ? yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Georgia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary edema

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Congestive heart failure DUE TO

(C) Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION: Superficial tumors done | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . , 19 . . , to . . , 19 , that I last saw the deceased alive on . . , 19 . . and that death occurred at 2:20 P M, from the causes and on the date stated above.

SIGNATURE Dorothy Swaine ADDRESS M.D. 1964 R St. N.W. Wash. D.C. DATE SIGNED 11-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 11/22/54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 11/22/54 | REGISTRAR'S SIGNATURE Amanda Feaney | 24. FUNERAL DIRECTOR ADDRESS R. H. Norton - Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10740 10705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Hillcrest Heights
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5782 - 26th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillcrest Heights
STREET ADDRESS (If rural, give location) 5782 - 26th Ave

3. NAME OF DECEASED: (Type or Print) (First) Beverly (Middle) Eugene (Last) Clark

4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Underline)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	married	2-13-27	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter		Maryland	U. S. A.

13. FATHER'S NAME: Wallace J. Clark

14. MOTHER'S MAIDEN NAME: Lucille N. Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Martha J. Clark, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage and shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Gun shot wound of head	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) Hillcrest Heights (County) P. G. (State) Md.
21d. TIME OF INJURY (Month) 11 (Day) 3 (Year) 54 (Hour) 7 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY occur? Shot self on right temple

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Lund M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 11-3-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-3-54	Glenview Memorial Park	517-11th St. N.W. Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/3/54	Amanda A. Burney Carrie F. Campbell	W. W. Chambers	517-11th St. S.E. Washington, D.C.

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10706

10741

CERTIFICATE OF DEATH

Reg. Dist. No. 244

Item 14, Film G174 12-2-54 et

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 25, D. C.
LENGTH OF STAY (in this place) One (1) day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401st USAF Infirmary (MATS) Andrews Air Force Base

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gettysburg
STREET ADDRESS (If rural give location) 51 East Stevens Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) W. (Last) Cole

4. DATE OF DEATH: (Month) Nov (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1931

9. AGE last birthday 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): A/3C

10B. KIND OF BUSINESS OR INDUSTRY: USAF

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Cole

14. MOTHER'S MAIDEN NAME: Catherine Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 2 Yrs

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Official Military Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Embolic phenomenon	10 min.
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Phlebothrombosis	Unknown
	DUE TO (C) Ulcerative colitis	10 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cachexia

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Nov...., 1954, to 9 Nov. .., 1954, that I last saw the deceased alive on 9 Nov 54, ~~xx~~ ...., and that death occurred at 1310 ~~xx~~ from the causes and on the date stated above.

SIGNATURE Donald E. McCollum M.D. ADDRESS 1401st USAF Infirmary DATE SIGNED 9 Nov 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 9 Nov 54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Gettysburg, Pa.

DATE REC'D BY LOCAL REGISTRAR 9 Nov 54 | REGISTRAR'S SIGNATURE Margaret E. Wilbur

24. FUNERAL DIRECTOR ADDRESS Peter's Funeral Home

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10707

10703

CERTIFICATE OF DEATH

Reg. Dist. No.....

Item 9, Fil. 1173 1-17- ; et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince George's MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Maryland

LENGTH OF STAY (in this place) 28 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5900 Cleveland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince George's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Maryland

STREET ADDRESS (If rural, give location) 5900 Cleveland Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
ELEANOR ELLIS COURTNEY	Nov. 13, 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Feb. 17, 1887	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Homemaker	At Home	Washington, D. C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Courtney	Margaret Conlan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No None	None	Mrs. Ann C. Sutton 5900 Cleveland Ave., Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Myocardial Insufficiency	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized Arteriosclerosis	
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1950, to 11-12, 1954, that I last saw the deceased alive on 11-10, 1954, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE Aaron Deitz (DEGREE OR TITLE) M. D. ADDRESS 4314 Gallatin St. Hyatts. Md. DATE SIGNED 11/13/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 16, 1954	Glenwood Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG:	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 13 1954	Mrs. Jas. Reese Deputy Registrar	W.W. CHAMBERS CO.,	Riverdale, Md.

10742

10708

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ca[illegible] of death clearly [illegible]d legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASH. 21. D.C. — LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5500 WHEELER RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASH. 21. D.C.
STREET ADDRESS (If rural give location) 5500 WHEELER RD.

3. NAME OF DECEASED (Type or Print): (First) BROOKS (Middle) CROSS (Last)

4. DATE OF DEATH: (Month) NOV (Day) 25 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN. 6, 1869

9. AGE last birthday: 85 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSURANCE

10b. KIND OF BUSINESS OR INDUSTRY: BROKER

11. BIRTHPLACE (State or foreign country): WASHINGTON. D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: THOMAS BROOKS

14. MOTHER'S MAIDEN NAME: KATHERINE TALTAVULL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: —

17. INFORMANT: ROSE MAY CROSS (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Probable coronary thrombosis	Minutes (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Years (?)
	(c) Senility	" "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/12/, 1954, to 11/25/, 1954, that I last saw the deceased alive on 7/12/, 1954, and that death occurred at 9:30 P m., from the causes and on the date stated above. (see over)

SIGNATURE: Earle B. Thompson (Degree or title) MD. ADDRESS: 1025 Vermont Ave NW DATE SIGNED: 12/26/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: NOV. 29. 1954 — NAME OF CEMETERY OR CREMATORY: CEDAR HILL — LOCATION (City, town, or county) (State): SUITLAND, MD.

DATE REC'D BY LOCAL REG.: Nov 29, 1954 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: W.W. TALTAVULL — ADDRESS: 3619-14th St. N.W. WASH. D.C.

On July 12, 1954 patient found to have bronchopneumonia which responded to penicillin. On July 14, 1954 he suffered vasomotor collapse and barely recovered. Had all signs of senility, eraciation, arterio-sclerosis. Since visits in July 1954 have been in touch with family by telephone & in clinic regarding patient's rapid senile deterioration. Last contact was 11/23/54 regarding planned visit by me for 11/27/54. He expired the night of 11/25/54 & was pronounced dead by Dr. Joseph Berkenbilt at 9:30 PM that date. Description of manner of demise strongly suggested coronary (or possibly cerebrovascular) accident. Coroner, notified by Dr. Berkenbilt & mortician, granted permission to issue.

Earle B. Thompson, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10709

10743 CERTIFICATE OF DEATH

Reg. Dist. No. 244

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Andrews AFB; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401st USAF Infirmary (MATS)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington 1, ?; STREET ADDRESS (If rural give location) 202 North Wayne St

3. NAME OF DECEASED (Type or Print): (First) Glenn (Middle) F. (Last) Davis

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1915

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months; Days; IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot

10B. KIND OF BUSINESS OR INDUSTRY: USAF

11. BIRTHPLACE (State or foreign country): Livermore, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Merle R. Davis (Deceased)

14. MOTHER'S MAIDEN NAME: Elizebeth Clagg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Undet.

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: USAF Military Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 860?	(A) Skull Fracture (Multiple)	Instant.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Aircraft Accident	
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: NA

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): Andrews AFB (Runway)

21C. WHERE DID INJURY OCCUR? (City or town) Andrews AFB, (County) Prince Georges, (State) Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: Nov. 26 1954 0940 M.

21E. INJURY OCCURRED While at work ☒ Not while at work ☐

21F. HOW DID INJURY OCCUR? Accidental ejection fr Aircraft Cockpit

22. I hereby certify that I attended the deceased from . . , 19 , to ..... , 19 .., that I last saw the deceased alive on ..... , 19 ...., and that death occurred at 0940 M, from the causes and on the date stated above.

SIGNATURE X [signature] M. D. ADDRESS Andrews AFB, Wash. 25, DC DATE SIGNED 26 Nov. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: 26 Nov 54

NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 26 Nov 54

REGISTRAR'S SIGNATURE: Margaret E. Wilbur

24. FUNERAL DIRECTOR ADDRESS: Rinaldi Funeral Home - Washington DC

10710

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10744

CERTIFICATE OF DEATH

Reg. Dist. No. 2-2

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill — STREET ADDRESS (If rural, give location) 4040 - St. Barnabas Rd. SE

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) M. (Last) DAY

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec 16-1891

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Day

14. MOTHER'S MAIDEN NAME: Elizabeth Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service) World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Goldie V. De Vaughn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: V

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12-, 1954 to 11-16-, 1954 that I last saw the deceased alive on 11-16-, 1954, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald L. Gordon, MD 5731 23rd Parkway SE Wash. DC 11-17-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 11-19-1954 — NAME OF CEMETERY OR CREMATORY: Bells M.E. Cemetery — LOCATION (City, town, or county) (State): Camp Springs Md.

DATE REC'D BY LOCAL REG. NOV. 17-1954 — REGISTRAR'S SIGNATURE: Edna F. Coleman

24. FUNERAL DIRECTOR: Simmons Bros — ADDRESS: 1661 Good Hope Rd SE Wash. DC

MARYLAND 10745

10711

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 224

Item 7 Filed 11/23 11/26/54 mnt

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook — LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9311 Lanham-Severn Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 212 Main Street

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) (Last) Dick

4. DATE OF DEATH (Month) (Day) (Year): November 14 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 28 1891

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mt Winans Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Yarnes

14. MOTHER'S MAIDEN NAME: Henrietta Zindell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Paul Yarnes Detroit Michigan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular - Renal Disease	Years
	(c) Generalized Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ..., 19 54, to Nov 14 19 54, that I last saw the deceased alive on 11/13, 19 54, and that death occurred at 1.45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H James Katz M.D. ADDRESS RED Bowie Md DATE SIGNED 11/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE Nov 16 1954 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 11/18/54 — REGISTRAR'S SIGNATURE: Mrs. Carrie Campbell mnt

24. FUNERAL DIRECTOR: E. West Donaldson — ADDRESS: Laurel Md

MARGIN RESERVED FOR BINDING

MARYLAND 10746

10712

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2-2

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 28 DC
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7001 Marlboro Pike S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. 28
STREET ADDRESS (If rural, give location) 7001 Marlboro Pike

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Douglass

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: U.S. White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/6/81

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.S. Govt

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. DC

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Floyd Douglass

14. MOTHER'S MAIDEN NAME: Justina Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Civil

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Annie D. Douglass 7001 Marlboro Pk. SE Wash 28 DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval between onset and death: 1 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Arteriosclerotic myocarditis — 2 yrs

(c) General Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic hypertrophic arthritis — 2 yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5 1953 to Nov 3 1954, that I last saw the deceased alive on Nov 3 1954, and that death occurred at 10.05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul E. Tompkins MD Washington 28 DC Nov 3 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11/6/54

NAME OF CEMETERY OR CREMATORY: Rock Creek

LOCATION (City, town, or county) (State): Wash. DC

DATE REC'D BY LOCAL REG.: Nov. 5-1954

REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR: W. B. Chambers Co

ADDRESS: 517 10th St SE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10713

CERTIFICATE OF DEATH

10684 Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4208 - Farragut St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4208 - Farragut St.

3. NAME OF DECEASED: (Type or Print) (First) Dr Ralph (Middle) Cragon (Last) Ludrow
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27, 1897.
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Druggist
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): West, Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Otis S. Ludrow
14. MOTHER'S MAIDEN NAME: Amanda Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) H (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Helen K. Ludrow Hyattsville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction DUE TO — Interval Between Onset And Death: Immed. Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Pulmonary Infarcts; Multiple DUE TO — 3½ months
(c) Myocardial Infarct, fibrillation — 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Nov 15, 1954, that I last saw the deceased alive on Nov 15, 1954, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gordon W Keller MD 6124 - 41st Ave Hyattsville Md 11/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 19, 1954 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 19, 1954 — REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR — ADDRESS Pascha & Sons Hyattsville, Md

NOV 22
QUINCY, MASS.

MARYLAND STATE DEPARTMENT OF HEALTH

10747 10714

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

1. PLACE OF DEATH: COUNTY P. G. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Marlboro	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sam		EADES	Nov	17	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	C	Widower	8 Sept 1860	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm - Tenant	Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unk	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Estes, wife Upper Marlboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	Unk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1954, to Nov 17, 1954, that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Physician Robert O. Dawson M.D.	Upper Marlboro Md.	Nov 17 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/20/54	Mt. Carmel Cemetery	Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 19 1954	John F. Danner.	Ritchie Bros.	Upper Marlboro, Md.

9 P.M.

VS. A15

BUREAU V. S.

10715

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10748 **CERTIFICATE OF DEATH** Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant; LENGTH OF STAY (in this place) 18 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6111 Addison Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant; STREET ADDRESS (If rural give location) 6111 Addison Rd.

3. NAME OF DECEASED: (Type or Print) (First) ANELIZA (Middle) (Last) EDMONDS

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1954

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 13, 1888

9. AGE last birthday: 66 yrs; IF UNDER 1 YEAR Months; Days; IF UNDER 24 HRS. Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANKLIN GRAY

14. MOTHER'S MAIDEN NAME: LUCY CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: ALMA DAVIES (DAUGHTER) – ALEXANDRIA, VA

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease

DUE TO (C) And Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Nov, 1954, that I last saw the deceased alive on 11/29, 1954 and that death occurred at 2:45A M, from the causes and on the date stated above.

SIGNATURE Joseph E Lambing Jr., M.D. ADDRESS 604 Central Ave. Upper Marlboro DATE SIGNED 11/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF 12-2-54; NAME OF CEMETERY OR CREMATORY Middleburg; LOCATION (City, town, or county) Middleburg, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 1, 1954; REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Washington, D.C.

10716

MARYLAND 10749

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2045

Item 7, FilmG173 11-13-54 et

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Langley Park Drug Fair
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton City
STREET ADDRESS (If rural, give location) 13907 Parkland Dr.

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) Louie (Last) EVANS

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Sept. 13-1904

9. AGE Last birthday: 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Rub. Print Eng.

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Louie Evans

14. MOTHER'S MAIDEN NAME: Zenobia Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-05-8809

17. INFORMANT AND ADDRESS: Eleanor Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Insufficiency — Interval Between Onset and Death: instant

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Heart Disease c/ Cong. H.F. secondary to Hypertension, Severe, — 5 years

(c) — not given

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Nov. 8, 1954, that I last saw the deceased alive on Nov. 1, 1954, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. Curtin MD — ADDRESS 900 17th St NW Wash D.C. — DATE SIGNED Nov 8 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE 11-8-54 — NAME OF CEMETERY OR CREMATORY Sam H. Hines Funeral Home — LOCATION (City, town, or county) (State) Washington, D C

DATE RECD BY LOCAL REG. 11-9-54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — The S. H. Hines Co. — ADDRESS 2901-14th St. N.W.

11-10-54 Mrs. Jas. Barnes Deputy Reg. — WASH. D. C.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

10717

10750

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6363 Ritchie Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) 6363 Ritchie Road

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) ELLA (Last) FINALL

4. DATE OF DEATH: (Month) Nov. (Day) 7th, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 14th 1871

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Cauley Grisby

14. MOTHER'S MAIDEN NAME: Margaret Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Walter B. Payne 6363 Ritchie Road Forestville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic insufficiency

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med Exam. Hyattsville, Md. 11-11-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/11/54 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Bladensburg Md.

DATE REC'D BY LOCAL REG. Nov 9-1954 — REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Company, Riverdale, Md.

517 11th St S.E. Dc

10751

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10718

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause and death clearly and legibly.

VS. A15A-5-53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hgts
LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5702 - L. Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 5702 L. Street

3. NAME OF DECEASED: (Type or Print) (First) Gussie (Middle) Elizabeth (Last) Freeland

4. DATE OF DEATH (Month) (Day) (Year) 11 - 22 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 30 1895

9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Martin

14. MOTHER'S MAIDEN NAME: Virginia Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S ADDRESS: Myrtle Lewis - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Metastatic carcinoma of lungs & pleura — Interval Between Onset and Death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of right breast.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

11-22-54 | W.R. Jarvis Co. | Funeral Home | Washington, D.C.

DATE REC'D BY LOCAL REG. 11-22-54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS

W.C. Jarvis Co. 1432 U St. N.W. Washington

Carrie T Campbell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10719

10709

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly R.D. 38
LENGTH OF STAY (in this place) 4½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hosp. 16

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
STREET ADDRESS (If rural give location) 7206 Boudoin Ave.

3. NAME OF DECEASED: (First) Samuel (Middle) (Last) Gann
4. DATE OF DEATH: (Month) 11-8- (Day) (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	married	9-6-86	68 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired auto mech.	Self	Tennessee	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Gann	Nancy Kerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	1905		Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C) Coronary Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1954, to 11/8, 1954, that I last saw the deceased alive on 11/8/54, 19, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE M. Etienne M.D. ADDRESS College Park DATE SIGNED 11/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/12/1954	Arlington National Cemetery	Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/12/1954	Amanda Denney	F. Gasch's Sons Hyattsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

40 36

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 11794

10705 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH.
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham,
STREET ADDRESS (If rural give location) Bay 119,

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Garrett
4. DATE OF DEATH (Month) Nov. (Day) 24, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH.	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		11/23/54	— yrs	—	1	20	30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	md.	—

13. FATHER'S NAME: Basil J. Garrett
14. MOTHER'S MAIDEN NAME: Grace Conley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.
		mother - as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity (6½ mos.) DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/23/.., 1954 to 11/24/., 1954 that I last saw the deceased alive on 11/24/, 1954, and that death occurred at 10 50 P.M, from the causes and on the date stated above.

SIGNATURE William Brannon, M.D. ADDRESS 6114 Central Ave Capitol Hts Md DATE SIGNED 11/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	12/3/54	Prince Georges Gen Hosp	Cheverly Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/2/54	Amanda Denney	Harry W Lemmon Sept	

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20XH255271

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10706 10720

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.; LENGTH OF STAY (in this place) 38 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berwyn, Maryland; STREET ADDRESS (If rural give location) 4836 Indian Lane

3. NAME OF DECEASED: (Type or Print) (First) Diane (Middle) PATRICIA (Last) Dibson

4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 19 54

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Jan. 25 1950 | 9. AGE last birthday: 4 yrs. | IF UNDER 1 YEAR: Months 9, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child. | 10B. KIND OF BUSINESS OR INDUSTRY: none. | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dibson George | 14. MOTHER'S MAIDEN NAME: Zelma J. Miller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) none | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S ADDRESS: George B. Gibson, Berwyn, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral anoxia

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Ether anesthesia for correction

DUE TO (C) of strabismus.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . , 19 . , to . , 19 , that I last saw the deceased alive on . , 19 . , and that death occurred at 7 A. M, from the causes and on the date stated above.

SIGNATURE John D. Maloney (Dep. Med. Exam.) M D | ADDRESS Hyattsville, Md | DATE SIGNED 11-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-6-54 | NAME OF CEMETERY OR CREMATORY St. Mark's Episcopal | LOCATION (City, town, or county) Highland, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 11/5/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS Riverdale, Md.

10685

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10721 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5603-38th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo's; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 5603-38th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Louise (Last) Goode

4. DATE OF DEATH (Month) (Day) (Year) 11-22-1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 21, 1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles R. Haywell

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: James T. Goode - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Diabetes Mellitus

19a. DATE OF OPERATION: C

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/24/54

NAME OF CEMETERY OR CREMATORY Congressional

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Nov 24 1954

REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR, ADDRESS Gallery Funeral Home, Inc. 3200 R.I. Ave Mt Rainier, Md

10752 MARYLAND STATE DEPARTMENT OF HEALTH 10722

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glass Manor
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Audrey Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 5530 Oxon Hill Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alpha	Everett	Greene, Jr.	11	24	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Feb. 26, 1912	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employed Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Electrical Service Co.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Alpha E. Greene, Sr.
14. MOTHER'S MAIDEN NAME: Laura (nee Hutchins)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Jean Greene 5530 Oxon Hill Rd., Oxon Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
491 X Immediate cause	(a) Acute congestive heart failure, Pulmonary edema	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho pneumonia	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James A. Ward M.D.	Forestville Md.	11/25/54

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/27/54	Rehobeth Church Cem.	Chilesburg Va.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/7/54	Mrs. Carrie Campbell	Ritchie Bros.	Upper Marlboro, Md.

VS. A15A

10707

10723

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (In this place) 4 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brentwood; STREET ADDRESS (If rural, give location) 3826-37th Place

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Kenneth (Last) Grove

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 19 54

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 11-21-28

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Grove

14. MOTHER'S MAIDEN NAME: Beatrice J. Colfyis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: College Park - Paul J. Grove - 9739. 53rd Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Pulmonary embolism

DUE TO

(c) Multiple fractures of legs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF INJURY office bldg., etc.,) Street

21c. (City or town) Bladensburg (County) Prince Georges (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-5-54 11:01 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Driving car in collision with a tractor-trailer

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-8-54

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial

DATE THEREOF 11-13-54

NAME OF CEMETERY OR CREMATORY Addie Sis Memorial

LOCATION (City, town, or county) Addie Sis (State) Md

DATE REC'D BY LOCAL REG. 11-8-54

REGISTRAR'S SIGNATURE Amanda Briney

24. FUNERAL DIRECTOR Nalley's Funeral Home

ADDRESS Mt. Rainier

MARYLAND 10753

10724

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Hahn

4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 30 1867

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Woodstock, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Hahn

14. MOTHER'S MAIDEN NAME: Lydia Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: D. E. Hahn - 2427 Otis St. N.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery occlusion with acute Thrombosis — Interval Between Onset and Death: few hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-Vascular-Renal Disease — Interval Between Onset and Death: Year

(c) Generalized Arteriosclerosis — Interval Between Onset and Death: Year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility generalized Arthritis

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: No

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Nov. 6, 1954, that I last saw the deceased alive on Nov. 4, 1954, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE Wanda Kurtz (Degree or title) M D ADDRESS R F D Bowie Md DATE SIGNED 11/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE Nov. 6-54 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery LOCATION (City, town, or county) Arlington (State) Va. Memorial

DATE REC'D BY LOCAL REG. 11.4.54 REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR G. P. Clues ADDRESS Arlington, Va.

11/9/54 Mrs. Agnes M. Yingling

10754 10725

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland — LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS #19 Glenn St.

2. USUAL RESIDENCE (HOME OF DECEASED): STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) #19 Glenn St.

3. NAME OF DECEASED (Type or Print): (First) LUDWIG (Middle) WILLIAM (Last) HEEGER

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1954

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED: married — 8. DATE OF BIRTH: 5/23/83 — 9. AGE (last birthday): 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stereotyper — 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Heeger — 14. MOTHER'S MAIDEN NAME: Veronica Doettler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — 16. SOCIAL SECURITY NO. (If yes, give war or dates of service): None — 578-40-4976 — 17. INFORMANT (Name and address): Eleanor E. Brown #19 Glenn St. Suitland md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute left ventricular failure	4½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe chronic cong. heart failure Hypertension	2 yrs.
	(c) Rheumatic H.D. & Acute Sinusitis	Est 10-15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 51, to 24 Nov, 19 54, that I last saw the deceased alive on 23 Nov, 19 ..., and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Mechanic F. Collitan Jr., M.D. 4221 S. Capitol St. Wash. 20, D.C. 24 Nov 54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 11/27/54 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town or county) (State): Suitland md.

DATE REC'D BY LOCAL REG.: Nov. 26-54 — REGISTRAR'S SIGNATURE: Carrie L. Campbell — 24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Co 517 11th St SE

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10726

Item 7: film C177 3-3-55L 10708

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly
LENGTH OF STAY (In this place) 3hrs-town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10430 Hayward Dr.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Heinly

4. DATE OF DEATH: (Month) MAY (Day) 1 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED DIVORCED. (Specify): Wid

8. DATE OF BIRTH: 4-10-78

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired): Retired signal foreman

10B. KIND OF BUSINESS OR INDUSTRY: B & O Railroad

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Augustus Heinly

14. MOTHER'S MAIDEN NAME: Jennie Spiglemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Charles H Heinly Hyattsville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1950, to 11/1, 1954 that I last saw the deceased alive on 11/1, 1954, and that death occurred at 3:10 a. M, from the causes and on the date stated above.

SIGNATURE Frederick E. Mercer M. D. ADDRESS 7409 Varnum St Tantallon DATE SIGNED 11/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/4/54 — NAME OF CEMETERY OR CREMATORY Grandview Cemetery — LOCATION (City, town, or county) (State) Tyrone Pa

DATE REC'D BY LOCAL REGISTRAR 11/4/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Gracka sons Hyattsville Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10709

10727

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY PRINCE-GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLEY MD. | LENGTH OF STAY (In this place) 15-DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7601-CHEVERLEY AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHEATON HILLS MARYLAND
STREET ADDRESS (If rural, give location) 3106-KING TREEST

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) DAWSON (Last) HIGGINS
4. DATE OF DEATH (Month) NOV. (Day) 26th (Year) 1954
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW
8. DATE OF BIRTH AUG 3rd 1878
9. AGE last birthday 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME ROBERT J. DAWSON
14. MOTHER'S MAIDEN NAME MARY LYDIA WISE.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MARY B. HIGGINS (DAUGHTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL THROMBOSIS (MULTIPLE) — Interval Between Onset and Death: NOV-2-1954 24-DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) GENERAL ARTERIOSCLEROSIS — NOV-2-1954 24-DAYS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CANCER LEFT BREAST (REMOVED 4 YRS)

19a. DATE OF OPERATION NONE RECENTLY
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from NOV-2, 1954, to NOV. 26, 1954, that I last saw the deceased alive on NOV. 25, 1954, and that death occurred at 3:30 A m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stephen A. McCarthy M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov-29-54 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery | LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. Nov. 26 1954 | REGISTRAR'S SIGNATURE Mrs. Jas. Devereux Deputy Registrar | 24. FUNERAL DIRECTOR Francis J. Coslin | ADDRESS 3821-14th St. N.W.
11/29/54 Amanda Downey

VS. A15

DEC
DOUGLAS V. S.

10710

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10728 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) Headquarters
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro, Md.
STREET ADDRESS (If rural, give location) Route 301

3. NAME OF DECEASED: (Type or Print) (First) EILEEN (Middle) BEATRICE (Last) HOFFMAN

4. DATE OF DEATH (Month) Nov (Day) 15, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Aug 21, 1911

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Novelty Printer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Clayton, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clifton Reuben Hoffman

14. MOTHER'S MAIDEN NAME: Emma Viola Hallman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Leonard Hoffman, Kennington Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage and shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Compound fracture of skull

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Rt 301

21c. (City or town) Croom Station (County) P. G. (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11 15 54 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto in collision with another Car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James A. Tompkins M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Temporal

DATE THEREOF 11/15/54

NAME OF CEMETERY OR CREMATORY Upper Marlboro

LOCATION (City, town, or county) Md (State)

DATE REC'D BY LOCAL REG. 11/15/54

REGISTRAR'S SIGNATURE Amanda Bowie

24. FUNERAL DIRECTOR Patterson Bros. Funeral Home ADDRESS

NOV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10731

10756 CERTIFICATE OF DEATH Reg. Dist. No. 345

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyatt Hollade Park, X
LENGTH OF STAY (in this place) 3 3/12 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Psych Branch Nursing Home Fairmount Park

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6411 Central Ave., S.E
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Conrad (Middle) (Last) Hohmann Hohmann
4. DATE OF DEATH: (Month) November (Day) 14 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 8, 1869
9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Hohmann
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Jno. Hohmann

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Congestive heart failure — 6 mos.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Rheumatic heart disease, aortic insufficiency — yrs.
DUE TO
(c) Sequel of Rheumatic fever

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29/, 1954 to 11/14/, 1954, that I last saw the deceased alive on 11/11/, 1954, and that death occurred at 11:40 P.M., from the causes and on the date stated above.
SIGNATURE L. A. Hobbs M.D. (Degree or title) ADDRESS 3 N Edmond St NW D.C. DATE SIGNED 11/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 17-1954 — NAME OF CEMETERY OR CREMATORY Prospect Hill — LOCATION (City, town, or county) Washington — (State) D.C.
DATE REC'D BY LOCAL REGISTRAR Nov 15 1954 — REGISTRAR'S SIGNATURE Mrs Jas Bowers (Deputy Registrar)
24. FUNERAL DIRECTOR J. Stellman Lee & Son — ADDRESS 900-4th Washington, D.C. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10729

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Marlboro
LENGTH OF STAY (in this place): Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Route 301 and Queen Ann Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Melwood
STREET ADDRESS (If rural, give location): Farm of Geo. E. Moore

3. NAME OF DECEASED: (First) Nathaniel (Middle) (Last) Howard
(Type or Print)

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Mar. 6, 1904

9. AGE last birthday: 50 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco (Tenant)

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Howard

14. MOTHER'S MAIDEN NAME: Rose Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): —
(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Eliz. Briscoe, Neice. Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Fractured skull and legs.	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY: Street

21c. (City or town) near Marlboro, (County) Pr. Geo. (State) Md.

21d. TIME OF INJURY (Month) 11 (Day) 27 (Year) 54 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by Automobile. (hit & run)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: John J. Maloney, (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED: 11-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 11/27/54
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: Nov 27 1954
REGISTRAR'S SIGNATURE: John F. Danner

24. FUNERAL DIRECTOR: J. B. Johnson Funeral Home
ADDRESS: Annapolis, Md.

RECEIVED
NOV 30 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

10731

10711

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-1

1. PLACE OF DEATH
COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham — LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Count Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) Garrett Ave

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) Eleanor (Last) Howard

4. DATE OF DEATH (Month) November (Day) 27 (Year) 1954

5. SEX female — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH July 11 1916 — 9. AGE last birthday 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife — 10b. KIND OF BUSINESS OR INDUSTRY Home — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Weiland — 14. MOTHER'S MAIDEN NAME Anna Beaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — — 17. INFORMANT AND ADDRESS Frank L. Howard, 554 Pa Ave Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18, 1954, to 11/27, 1954, that I last saw the deceased alive on 11-7, 1954, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE Robert A. Emery M.D. (Degree or title) — ADDRESS 402 Main St Laurel Md — DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF November 30 1954 — NAME OF CEMETERY OR CREMATORY Park Lincoln Cem. — LOCATION (City, town, or county) (State) Lanham Prince Geo. Md.

DATE REC'D BY LOCAL REG. 11-30-54 — REGISTRAR'S SIGNATURE Amanda Downey 12/2/54

24. FUNERAL DIRECTOR — ADDRESS c/o Mitchell Donaldson Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10712

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — CERTIFICATE OF DEATH

10732

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges'
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural give location) Box 258 - R.D. #1

3. NAME OF DECEASED: (First) BRIDGET (Middle) HELEN (Last) AGNES Hunt

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Whit

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/29/19

9. AGE last birthday 35 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printing

10B. KIND OF BUSINESS OR INDUSTRY: Asst Photo Service

11. BIRTHPLACE (State or foreign country): Ritchie Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Hunt

14. MOTHER'S MAIDEN NAME: Gertrude Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S NAME AND ADDRESS: 8425 Leona St SE Washington 27 D.C.
Statistical Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Hemorrhagic Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 3-5 days

ANTECEDENT CAUSE (B) DUE TO: Acquired Chronic Cholelithiasis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1954, to Nov. 26, 1954, that I last saw the deceased alive on Nov 26, 1954, and that death occurred at 2:15 P. M, from the causes and on the date stated above.

SIGNATURE: William Brannin — ADDRESS: M. D. 6124 Central Ave, Capitol Hts Md — DATE SIGNED: 11/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/30/54 — NAME OF CEMETERY OR CREMATORY: Wash. Natl — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REGISTRAR: 11/29/54 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: W. B. Chambers Co. 517 11th St SE

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11844

10713 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1407 52nd Ave, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Jackson

4. DATE OF DEATH: (Month) (Day) (Year) 11 - 26 - 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 11/26/54
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months — Days IF UNDER 24 HRS.: Hours 1 Min. 0

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. James Stitt
14. MOTHER'S MAIDEN NAME: Annie Tate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother - as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

757.3
IMMEDIATE CAUSE (A) DUE TO General Hypoplasia of all Systems
ANTECEDENT CAUSE (B):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Premature, Ides 703
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1954 to 11/26, 1954 that I last saw the deceased alive on 11/26, 1954 and that death occurred at 9 P.M. from the causes and on the date stated above.
SIGNATURE C. O. Otero Jenkins M.D. ADDRESS College Park DATE SIGNED 11/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 12/3/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Beverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/29/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry N Penn
ADDRESS Capitol Hts

20X429226X

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10714 **CERTIFICATE OF DEATH** Reg. Dist. No. 1933 2343

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kent Village
STREET ADDRESS (If rural give location) 2754 - 73 Place

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Steven (Last) Johnson

4. DATE OF DEATH: (Month) Nov. (Day) 18, (Year) 19 54

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Nov. 16, 1954 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cheverly, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph Johnson
14. MOTHER'S MAIDEN NAME: Flora Turnabull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary atelectasis DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1954 to 7/18, 1954, that I last saw the deceased alive on 7/18, 1954 and that death occurred at 4 P. M. from the causes and on the date stated above.
SIGNATURE John Kelsey M.D. ADDRESS Cheverly, Md DATE SIGNED 10/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 20, 1954 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REGISTRAR 11/20/54 | REGISTRAR'S SIGNATURE Amanda Downey
F. FUNERAL DIRECTOR Jacobs Sons ADDRESS Hyattsville, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10757 10734

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park; STREET ADDRESS (If rural give location) 4215 WOODBERRY ST.

3. NAME OF DECEASED: (First) BLANCHE (Middle) MYRTLE (Last) KLEINDIENST (Type or Print)

4. DATE OF DEATH: (Month) Nov. (Day) 7. (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 11, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William S Alber

14. MOTHER'S MAIDEN NAME: ANNIE F. WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): X

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service):

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 260X

(A) Coronary Hypertensive Heart Disease

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(B) Diabetes Mellitus

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 0., 1954, to Nov. 7 ., 1954, that I last saw the deceased alive on Nov. 7, 1954, and that death occurred at 9 30p M, from the causes and on the date stated above.

SIGNATURE George L. Hageage M. D. ADDRESS 3717 38th St. Mt. Rainier Md. DATE SIGNED 11/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 11/10/54

NAME OF CEMETERY OR CREMATORY: GLENWOOD CEMETERY

LOCATION (City, town, or county) (State): WASHINGTON D.C.

DATE REC'D BY LOCAL REGISTRAR: 11/8/54

REGISTRAR'S SIGNATURE: Mrs. Louise [illegible]

24. FUNERAL DIRECTOR: W. R. Lee Sons Co

ADDRESS: 3004 N.E. 4th St. WASH. D.C.

RECEIVED
NOV 10 1954
BUREAU V. S.

10735

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10686

CERTIFICATE OF DEATH

Reg. Dist. No. 2415

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville RURAL
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5609 - 30th ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md.
STREET ADDRESS (If rural give location) 5609 - 30th ave

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) MEREDITH (Last) KONON

4. DATE OF DEATH: (Month) NOV (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 13, 1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Lovelace

14. MOTHER'S MAIDEN NAME: Sarah Lucille Pressgrave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Paul Konon - 5609 - 30th Ave Hyattsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Heart Disease — 1½ mos.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1954, to Nov 25, 1954, that I last saw the deceased alive on Nov 25, 1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE M. D. Samuel J. Hogan ADDRESS 4200 Raywood Dr Mt Rainier Md DATE SIGNED 11/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov 29, 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Nov 29 1954 — REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR J. Gasch Sons ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

DAVID V. PT

ago 75 [illegible]

[illegible]

10715

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10736

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly — LENGTH OF STAY (in this place) 3 weeks. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Dakota Rest Home 2601 Cheverly Avenue.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C. — STREET ADDRESS (If rural give location) 515 H St. N.E.

3. NAME OF DECEASED. (Type or Print) (First) Margaret (Middle) Jane. (Last)

4. DATE OF DEATH: (Month) NOV (Day) 10th (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Aug. 29, 1876 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Ireland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Dempsey | 14. MOTHER'S MAIDEN NAME: Eliz. Kerwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) | 15. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic heart disease — 5 yrs

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1954, to 11/9, 1954, that I last saw the deceased alive on 7 Nov, 1954 and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE John Kehoe M. D. — ADDRESS Cheverly Md — DATE SIGNED 11/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 11-12-1954 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 11/10/54 | REGISTRAR'S SIGNATURE Amanda Denney | 24. FUNERAL DIRECTOR Timothy Hanlon | ADDRESS 3831 Ga Ave NW.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10758

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10757

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Phys[illegible]: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) Inmate
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Rt. 301

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Route #2 Box # 167

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Howard	Kenneth	Laningham	Nov. 7 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	8/17/20	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Auto Dealer	Self Emp.	Missouri	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ross Laningham	Edith Steplen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes W.W. II		Marie Laningham Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage & shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral laceration	
DUE TO		
	(c) Fracture of skull & facial bones.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Street	Marlboro - Pr. Geo - Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
11-7-54 - 12:30 A.M.		Riding in automobile colliding with tree.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 11-7-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11/9/54		U. Marlboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11/9/54	Amanda Downey	Calvert Bros.	Upper Marlboro, Md.

Nov 10 1954 John F. Danner.

VS. A15A - 5 - 53

10738

MARYLAND

10687

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 2 mo. 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Conv. + Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Closter N.J.
STREET ADDRESS (If rural, give location) 181 Closter Dock Rd.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) ELLEN (Last) Lee

4. DATE OF DEATH (Month) (Day) (Year): November 12 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 20 1870

9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rockville, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nahlon Marshall

14. MOTHER'S MAIDEN NAME: Sarah J. Beeson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Ramon Houghton, Kent Village Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

H-2 D.C.

Immediate cause (a) Arteriosclerotic heart disease — Interval between onset and death: 5 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 17 1954, to Nov. 12, 1954, that I last saw the deceased alive on November 11, 1954, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold F. McCann — ADDRESS 3008 - 14th St. N.W. Wash D.C. — DATE SIGNED Nov. 12 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE Nov 13, 1954 — NAME OF CEMETERY OR CREMATORY: Rockville — LOCATION (City, town, or county) (State): Indiana

DATE REC'D BY LOCAL REG. November 13 1954 — REGISTRAR'S SIGNATURE: Mrs Jas Severe Asst Local Regr

24. FUNERAL DIRECTOR: F Baechs Sons — ADDRESS: Hyattsville Md

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10739

10688 CERTIFICATE OF DEATH

Reg. Dist. No. 2045

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges | MARYLAND | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md | LENGTH OF STAY (in this place) 2 years | HOSPITAL OR INSTITUTION OR STREET ADDRESS 4910 - 43 Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | COUNTY Prince Georges | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md | STREET ADDRESS (If rural give location) 4910 - 43 Ave

3. NAME OF DECEASED: (Type or Print) (First) VINCENZO (Middle) (Last) LUPO

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: Nov. 21, 1901 | 9. AGE last birthday 52 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker | 10B. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Italy | 12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: PETE LUPO | 14. MOTHER'S MAIDEN NAME: Antonia MORMINA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk.) If No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. - | 17. INFORMANT & ADDRESS: Antonio Lupo Hyattsville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE — (A) Congestive heart failure

ANTECEDENT CAUSE (S) — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) Chronic pulmonary emphesema — DUE TO

(C) Arteriosclerosis, Generalized

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1954, to Nov. 4, 1954, that I last saw the deceased alive on Nov. 4, 1954, and that death occurred at 5:15A M, from the causes and on the date stated above.

SIGNATURE Eugene Grigalo M.D. ADDRESS 2020 Eye N.W. D.C. DATE SIGNED 5 Nov '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 8, 1954 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-8-1954 | REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy Reg | 24. FUNERAL DIRECTOR ADDRESS E. Gesch's sons Hyattsville, Md

RECEIVED
NOV 10 1954
BUREAU V. S.

10759

10740

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum — LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5714 Chillum Heights Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum
STREET ADDRESS (If rural, give location) 5714 Chillum Heights Drive

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) FRANCIS (Last) MAHANEY

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 21, 1894

9. AGE last birthday: 60 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman - D.C.

10b. KIND OF BUSINESS OR INDUSTRY: Fire Department

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick J. Mahaney

14. MOTHER'S MAIDEN NAME: Sallie Crocker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Margaret E. Mahaney, 5714 Chillum Hgts Dr. Chillum Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

INTERVAL BETWEEN ONSET AND DEATH: 6-8 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 May, 1954, to 23 Nov, 1954, that I last saw the deceased alive on 18 Nov 1954, and that death occurred at 12 20 P m., from the causes and on the date stated above.

SIGNATURE [redacted] Cullen M.D. (Degree or title) ADDRESS 7112 Willow Ave Takoma Park, Md. DATE SIGNED 23 Nov 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 26. 1954 | NAME OF CEMETERY OR CREMATORY: George Washington Cemetery | LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. Nov 2 3 1954 | REGISTRAR'S SIGNATURE: James Devey | 24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll St. NW D.C. | ADDRESS

MARGIN RESERVED FOR BINDING

10760 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10741

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH INFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Prince Georges
City or town: Highland Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Six year
Hospital, institution, or street address where death occurred: 1206 - 69" ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Highland Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1206 - 69" Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3.(a) FULL NAME Lizzie M. Mercer

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Widowed

6.(b) Name of husband or wife: ~~Edward~~ Charles Mercer
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Nov. 3, 1867

8. AGE: Years	Months	Days	If less than one day
87	0	16	hrs. min.

9. Birthplace: Fauqua Co., Va.
(Town, county, and state)
10. Usual occupation: Laundry Worker
11. Industry or business

MOTHER FATHER
12. Name: Edward Bland
13. Birthplace: Fauqua Co., Va.
14. Maiden name: Elenora Clinchfyl
15. Birthplace: Fauqua Co., Va.

16. Informant: Mrs. Martha James (sister)
Address: Delaplane, Va.

17. Burial, cremation, or removal (Which?): Burial
Date thereof: 11/24/54 (month) (day) (year)
Cemetery or crematory: Woodlawn Cemetery
Location: Washington, D.C.

18. Funeral director: Morgan & Sibley
Address: Washington D.C.

19. 11/19 19 54 (Date rec'd by registrar) St. Amanda Downey

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 19 1954, at 8 40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1954, to Nov. 19 1954, and that I last saw h[illegible] alive on Nov. 17 1954.

Immediate cause of death: Congestive Heart Failure — DURATION: 3 days
Due to: Hypertension and Arterio-sclerosis
Due to:
Other conditions: Senility
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Lewis Robinson, MD (M. D. or other)
Address: 1001 Eastern Ave. NE. Date signed: 11/19/54

10761

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10742

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 1 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8114 New Hampshire Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. | COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8114 New Hampshire Ave.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Marie (Last) Mullin

4. DATE OF DEATH (Month) Nov. (Day) 7, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/17/96

9. AGE last birthday: 58 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Robinson

14. MOTHER'S MAIDEN NAME: Hannah Keating

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Eugene F. Mullin Same as #2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Edema of the brain

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY | **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ | **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 11-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11/10/54 | NAME OF CEMETERY OR CREMATORY Lillington Natl. | LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 11/9/54 | REGISTRAR'S SIGNATURE Amanda Denney (Frances Potter mng.) | **24. FUNERAL DIRECTOR** Joseph F. Bucki's Sons | ADDRESS Washington D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10743

10716 CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN River dale — LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 4731 4th St. N.W.

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Ethel	Mae	Nalley	11	8	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
fe	white		July 1, 1898	56 yrs.	4	7		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Martinsburg, W.Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George William Herbert	Annabelle Pitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) general debility, cachexia	2 wks
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Metastatic carcinoma abd. viscera	4 mo.
	(c) DUE TO Carcinoma of breast	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-25-54	Carcinoma of breast left brea - Rt done 3 yrs ago	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-24, 1954, to 11-8, 1954, that I last saw the deceased alive on 11-8, 1954 and that death occurred at 3:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. L. Wilkinson MD	4404 Queensbury Rd Riverdale Md	11-8-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Nov. 11, 1954	Greencastle Cemetery	Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/8/54	Amanda Downey Mrs. Jas. Severe Deputy Registrar	Albert L. Leaf	Williamsport, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10717 **CERTIFICATE OF DEATH** Reg. Dist. No. 10744 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rogers Heights
STREET ADDRESS (If rural give location) 5008 53rd Place

3. NAME OF DECEASED: (First) George (Middle) Lee (Last) Parish

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 23, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet maker

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M. Parish

14. MOTHER'S MAIDEN NAME: Mary Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. UNK.

17. INFORMANT & ADDRESS: Allie A. Parish Rogers Hgts., Md.- Wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Cardiovascular Disease — 10 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1954, to 11-8, 1954, that I last saw the deceased alive on 11-8, 1954, and that death occurred at 10:30 AM from the causes and on the date stated above.

SIGNATURE R. D. Bauer M. D. ADDRESS Hyattsville Md. DATE SIGNED 11-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transportation — DATE THEREOF 11/8/54 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) (State) Greensboro, N.C.

DATE REC'D BY LOCAL REGISTRAR 11/8/54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Francis Gaschin Sons ADDRESS Hyattsville, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10762

10745

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 5 4 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4900 Allentown Roads. E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
STREET ADDRESS (If rural, give location) 4900 Allentown Road S.E.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) J. (Last) Petterson

4. DATE OF DEATH: (Month) November (Day) 25 (Year) 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unemployed

11. BIRTHPLACE (State or foreign country): UNK

12. CITIZEN OF WHAT COUNTRY? UNK

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of the chest

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home

(CITY OR TOWN) Camp Springs (COUNTY) P.G. (STATE) Md.

TIME OF INJURY (Month) 11 (Day) 25 (Year) 54 (Hour) 3:30 P.M.

INJURY OCCURRED While at Work ☐ Not while at work X

HOW DID INJURY OCCUR? Shot with a shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James A. Bonifant M. D. Forestville, Md. 11/27/54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11-27-54 NAME OF CEMETERY OR CREMATORY Rhines Funeral Home LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/27/54 REGISTRAR'S SIGNATURE Edmonds Tierney

24. FUNERAL DIRECTOR Wm J Rhines Funeral Home ADDRESS 901-3rd N.W.

Carrie F. Campbell, 3 N.W. Washington, D.C.

10763

10746
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4300 Sheridan St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 4300 Sheridan Street

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) (Last) Pear

4. DATE OF DEATH (Month) 11 (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Sept 12, 1885

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sol Cohn

14. MOTHER'S MAIDEN NAME: Yehuda Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Henry Pear - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Intracranial pressure	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cerebral hemorrhage	
DUE TO			
	(c)	Cerebral hypertension	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/7/54
NAME OF CEMETERY OR CREMATORY Beth Yehuda Anshe Sfard
LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. November 6, 1954
REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Joseph Levin & Bros.
ADDRESS 1124-26 Druid Hill Avenue

VS. A15A - 5 - 53

10764

10747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.'s
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill Maryland
STREET ADDRESS (If rural, give location) 5501- St. Barnabas Road S. E.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) F. (Last) PERKINS
4. DATE OF DEATH (Month) (Day) (Year): Nov. 13th, 1954 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept, 5th-1873
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Oxon Hill, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Perkins
14. MOTHER'S MAIDEN NAME: Mary Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sarah E. Perkins - 5501- St. Barnabas Road S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized arteriosclerosis	15 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal cachexia	6 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Nov. 13 1954 that I last saw the deceased alive on 11-13-, 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David L. Gordon, MD 5731 23rd Parkway SE Wash 21, DC 11-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov 16-1954
NAME OF CEMETERY OR CREMATORY: St Barnabas Cemetery
LOCATION (City, town, or county) (State): Oxon Hill Maryland

DATE REC'D BY LOCAL REG.: Nov 14-54
REGISTRAR'S SIGNATURE: Edna F. Gilbert
24. FUNERAL DIRECTOR: Simmons Brothers
ADDRESS: 1461 - good Hope Road Wash D C

VS. A15

BUREAU V. S

10765

10748

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits write 'RURAL' and give nearest town) OR TOWN Skaperonville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waldorf R.F.D

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Skaperonville
STREET ADDRESS (If rural, give location) Waldorf R.F.D

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Salina (Last) Perry

4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Unk

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Jackson

14. MOTHER'S MAIDEN NAME: Elizabeth Contee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rosie Lee Jackson, Friendly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Samuel H. Ramsey M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 11-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 12, 1954

NAME OF CEMETERY OR CREMATORY St. Mary's

LOCATION (City, town, or county) (State) Piscataway Md.

DATE REC'D BY LOCAL REG. 11/15/54

REGISTRAR'S SIGNATURE Julia A Casey

24. FUNERAL DIRECTOR Hunt & Lyon, Waldorf, Md.

ADDRESS

VS. A15A - 5 - 53

10766

10749

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 2-3, D.C. | LENGTH OF STAY (in this place) 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7113 Allentown Rd S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 7113 Allentown Rd S.E.
STREET ADDRESS (If rural, give location) Washington 2-3, D.C.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Alton (Last) Proctor
4. DATE OF DEATH (Month) November (Day) 23 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	Colored	married	3-22-96	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Charles Co. Md	U.S.A.

13. FATHER'S NAME: Frederick M. Proctor
14. MOTHER'S MAIDEN NAME: Sara Emma Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Elizabeth Proctor, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiovascular renal disease	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Lord M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-23-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11/26/54	Mt. Carmel	Upper Marlboro Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11.24.1954	Carrie F. Campbell	Collins Funeral Home	4339 Hunt Rd.

264

RECEIVED
NOV 30 1954
BUREAU V. S.

10750

10767

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Temple Hills — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Temple Hills
STREET ADDRESS (If rural, give location): 4780 St. Barnabas Rd. S.E.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Lee (Last) Pyles.

4. DATE OF DEATH: (Month) Nov (Day) 21 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: Aug. 16-1950 — 9. AGE last birthday: 4 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Washington, D.C. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carlton E. Pyles — 14. MOTHER'S MAIDEN NAME: Mildred E. Elmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cystic Pancreatitis — Interval between onset and death: 4 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Nov 21, 1954, that I last saw the deceased alive on Nov 21, 1954, and that death occurred at 8:45 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Van Natta M.D. 5440 Silver Hill Rd S.E. Washington 2 D.C. Nov 22 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 23-1954 — NAME OF CEMETERY OR CREMATORY: St Barnabas — LOCATION (City, town, or county) (State): Oxon Hill, Maryland

DATE REC'D BY LOCAL REG.: Nov 21-54 — REGISTRAR'S SIGNATURE: Edna F. Collins — FUNERAL DIRECTOR: Simms Bros — ADDRESS: 1661 Good Hope Rd S.E. Wash 20 D.C.

VS. A15

RECEIVED
NOV 30 1954
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

10768 10751

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo's County Ct. Hs., Main St., Upper Marlboro

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) 7600 Marlboro Pike, Upper Marlboro, Md.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Joseph	Samuel	Rennoe	Nov	22	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	July 4, 1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter (Employed)	Contracting	Maryland	U.S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Cecil Rennoe (Son) 3616 Bangor St., S.E., Washington, D.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

20. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22 *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd M.D.		Forestville, Md.	11/22/54

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/23/54	Cedar Hill Cemetery	Suitland	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 23 1954	John F. Danner.	Ritchie Bros.	Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PRINT WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

10769 10752

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8800 Old Fort Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chapel Hill
STREET ADDRESS (If rural, give location) 8800 Old Fort Road S.E.

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (Last) Richardson

4. DATE OF DEATH (Month) Nov (Day) 26 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH:

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Walter K Richardson, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D Ford M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 11-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-29-54

NAME OF CEMETERY OR CREMATORY Oxon Hill Cemetery

LOCATION (City, town, or county) (State) Oxon Hill Md.

DATE REC'D BY LOCAL REG. 11-22-54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR John T. Rhines ADDRESS 901-3rd St. S.W. Washington, D.C.

Carrie F Campbell

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10754

10770 CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 810 - 5'th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) ALFRED (Middle) J (Last) SHIPLEY

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 7/8/04

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel W. Shipley

14. MOTHER'S MAIDEN NAME: Mary E. Engel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 577-14-5810

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 8 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) — DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1 1951 to 11/18, 1954, that I last saw the deceased alive on 11/18, 1954, and that death occurred at 9.00 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Dan'l Lee Pincoe M.D. — ADDRESS Glenn Dale Hospital — DATE SIGNED 11/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/22/54 — NAME OF CEMETERY OR CREMATORY Congressional Cem Cty — LOCATION (City, town, or county) Washington (State) DC.

DATE REC'D BY LOCAL REGISTRAR 11/18/54 — REGISTRAR'S SIGNATURE Not Wem. — 24. FUNERAL DIRECTOR Robert H Mattingly — ADDRESS Washington DC.

10718

10755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale | LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3938 Madison St.

3. NAME OF DECEASED: (Type or Print) (First) Grover (Middle) Cleveland (Last) Shumaker
4. DATE OF DEATH (Month) (Day) (Year) 11 - 13 - 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-24-88
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph W.B. Shumaker
14. MOTHER'S MAIDEN NAME: Mary Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Olive S. Shumaker - Same address -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiovascular renal disease	
	DUE TO (c)	Coronary sclerosis -	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11-15-54 | NAME OF CEMETERY OR CREMATORY Bn. Lincoln Cemetery | LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. Nov. 15, 1954 | REGISTRAR'S SIGNATURE Mrs. Jos. Devere (Deputy Registrar) | 24. FUNERAL DIRECTOR E. Brooks Sons | ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

10719 Items 8, 9, Fil-6175 1-11-54 et

10756

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Upper Marlboro, Md; STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) PERRY (Middle) ARTHUR (Last) SMITH

4. DATE OF DEATH (Month) Nov (Day) 16. (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: (Month) Oct. 13, 1933

9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Const Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Frank Smith

14. MOTHER'S MAIDEN NAME: Estelle Spriggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Estelle Smith Upper Marlboro, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral edema, intracranial hemorrhage

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of skull

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Road

21c. (City or town) Leland (County) P.G. (State) Md

21d. TIME OF INJURY (Month) 11 (Day) 13 (Year) 54 (Hour) 10 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Car ran off road and struck fixed object

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-16-54

26. BURIAL, CREMATION, REMOVAL (Name) [illegible]

DATE THEREOF 11/16/54

NAME OF CEMETERY OR CREMATORY 467-N-H N.W.

LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. Nov 16. 1954

REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR H. S. Washington & Son ADDRESS Washington D C.

VS. A15A - 5 - 53

10757

MARYLAND 10720

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenilworth | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4102 Quintana St.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) (Last) Sorrell
4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1954

5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH May 12, 1888 | 9. AGE last birthday 66 yrs. | If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William C. Sorrell
14. MOTHER'S MAIDEN NAME Martha King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS W. Byron Sorrell (Son) 3902 Bunker Hill Rd. Hyattsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Infarction	1 day
Antecedent cause(s)	(b) Coronary Artery Disease	5 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to October, 19.54, that I last saw the deceased alive on ..., 19.54, and that death occurred at 11:50 A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Louis Rabkin M.D. ADDRESS 1200 Lebanon Street Glenarden Md. DATE SIGNED 11-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov 13, 1954 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Suitland Md.
DATE REC'D BY LOCAL REG. Nov. 11, 1954 | REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR A. D. Jones Co. | ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10758

10721 CERTIFICATE OF DEATH Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bridgeport
STREET ADDRESS (If rural give location) Rt. #2

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) A. (Last) Stonestreet
4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1954
5. SEX f
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): m
8. DATE OF BIRTH: 25 Dec. 1864
9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Bridgeport West Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jefferson Smith
14. MOTHER'S MAIDEN NAME: Abagil Harkert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Pearl Wilson College Park, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S) DUE TO with Infarction

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized arteriosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH 3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30, 1954, to 11/1, 1954, that I last saw the deceased alive on 11/1, 1954, and that death occurred at 8½ P M, from the causes and on the date stated above.
SIGNATURE W. H. Streine M. D. ADDRESS College Park DATE SIGNED 11/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) transportation
DATE THEREOF 10/2/54
NAME OF CEMETERY OR CREMATORY Clarksburg
LOCATION (City, town, or county) (State) West Va

DATE REC'D BY LOCAL REGISTRAR 11/4/54
REGISTRAR'S SIGNATURE Edward J. Downey
By F. Fasick Sons FUNERAL DIRECTOR ADDRESS Hyattsville Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10759

MARYLAND

STATE DEPARTMETT OF HEALTH

10722 CERTIFICATE OF DEATH

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Md
LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brentwood, Md.
STREET ADDRESS (If rural, give location): 3403 Varnum St

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Walter (Last) Sudlow

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 28, 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months 11, Days 23; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter - Rubble Construction work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Neal Elmer Sudlow

14. MOTHER'S MAIDEN NAME: Laura Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 489-09-7556

17. INFORMANT AND ADDRESS: Hospt. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Pulmonary Embolism — Interval Between Onset and Death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Ruptured Abdominal Aortic aneurism with Hemorrhage — 2 wks

(c): General arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1948, to Nov 22, 1954, that I last saw the deceased alive on Nov 22, 1954, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE: L.W. Malen (Degree or title) M.D. ADDRESS: Riverdale Md DATE SIGNED: 11-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov 26, 1954. — NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Nov 26, 1954 — REGISTRAR'S SIGNATURE: James Devery

24. FUNERAL DIRECTOR: F Leach Sons — ADDRESS: Hyattsville, Md.

10761

MARYLAND

STATE DEPARTMETT OF HEALTH

10723

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 21 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1424 Holbrook St. N.E

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harvey	Carlyle	Sullivan	Nov.	9	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	married	Jan 3, 1877	77 yrs.	10	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alexandria, Va.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Charles Sullivan
14. MOTHER'S MAIDEN NAME: Roberta Sutton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Carl W. Fowler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure (c) Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/3, 1954, to 11/9, 1954, that I last saw the deceased alive on 11/9, 1954, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edmund L. Bennett M.D. ADDRESS: 7701 Carroll Ave. Takoma Pk. Md. DATE SIGNED: 11/9/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 12, 1954	Glenwood Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/10/54	Amanda Downey	J. Sullivan Sons Co.	305-4½ St. N.E. Washington, D.C.
11/7/54	James Deery		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10761

10689 CERTIFICATE OF DEATH Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince Georges. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville md. LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5502 adelphi Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville /
STREET ADDRESS (If rural give location) 5502 adelphia Rd

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) marie (Last) Tate.

4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec 26 51

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Takoma Park. maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walter Edwin Tate

14. MOTHER'S MAIDEN NAME: Wanda Rae Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: father.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Respiratory failure

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Niemann-pick disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug. , 1953 to Nov. 17 1954 that I last saw the deceased alive on Nov. 15 , 1954 and that death occurred at 3:30 M, from the causes and on the date stated above.

SIGNATURE Ruth Standard md M. D. 11-17-54 ADDRESS 7716 Carroll Ave Takoma Park Md DATE SIGNED 11-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 19, 1954 | NAME OF CEMETERY OR CREMATORY George Washington Cemetery | LOCATION (City, town, or county) Prince Geo. County. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 17, 1954 | REGISTRAR'S SIGNATURE Mrs. Jas. Everett Deputy Registrar

24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll Ave NW 4C

RECEIVED
NOV 23 1 4
BUREAU V. S.

10724

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10769

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brookline
STREET ADDRESS (If rural, give location) 1895 Beacon st

3. NAME OF DECEASED: (Type or Print) (First) Frazier (Middle) Shaw (Last) Taylor

4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 1954.

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 5-10-32.

9. AGE last birthday: 22 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY: College

11. BIRTHPLACE (State or foreign country): Boston, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Balcomb Shaw Taylor

14. MOTHER'S MAIDEN NAME: Hazel Gertrude Scott.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Balcomb Shaw Taylor, Brookline, Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cerebral laceration
DUE TO
(c) Fracture of skull -

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street

21c. (City or town) Upper Marlboro (County) Pr. Geo. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7-11-54 - 3.45 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Passenger in an automobile which overturned.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF Nov 7, 1954
NAME OF CEMETERY OR CREMATORY Jarvis Funeral Home
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/7/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR M. E. Jarvis Sr.
ADDRESS N. St. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10763

10725 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. | LENGTH OF STAY (in this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier Md
STREET ADDRESS (If rural give location) 4210 - 29th St

3. NAME OF DECEASED. (Type or Print) (First) Margaret (Middle) (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year) November 23, 19 54

5 SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8 DATE OF BIRTH: March 17, 1870 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS: Hours / Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B KIND OF BUSINESS OR INDUSTRY: In own home | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Wash. D. C. Isabelle M. Taylor 5720-6th St. NW

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Neoplasm Rt. Lung

ANTECEDENT CAUSE (S): DUE TO Chr. Duodenal Ulcer

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12-54 to 11-23-54 that I last saw the deceased alive on 11-23-54, and that death occurred at 7:16 P. M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. | ADDRESS College Park | DATE SIGNED 11/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/26/54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR 11/26/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Bailey's Funeral Home, Inc. | ADDRESS 3200-R. I. Ave. Mt. Rainier, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10771

CERTIFICATE OF DEATH

10764
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine (Rural) — LENGTH OF STAY (in this place) X 8 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY OR TOWN Brandywine, Md
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) Mary (Last) Taylor

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: June 2, 1879

9. AGE Last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Brandywine, Md

12. CITIZEN OF WHAT COUNTRY? Amer

13. FATHER'S NAME: David Thomas

14. MOTHER'S MAIDEN NAME: Ann Flory Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Roy Young

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Uremia — Interval Between Onset And Death: July 4

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Intestinal Carcinoma — Interval Between Onset And Death: 4 mos

DUE TO (c) Primary Carcinoma of Bowel — Interval Between Onset And Death: 2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. metastasis to Esophagus

19a. DATE OF OPERATION: last 28, 54

19b. MAJOR FINDINGS OF OPERATION: Inoperable Ca

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1954, to Nov 1, 1954, that I last saw the deceased alive on Nov 2, 1954, and that death occurred at 9:50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard H. Dodson M.D. — ADDRESS: Brandywine Md — DATE SIGNED: 11-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 6-54 — NAME OF CEMETERY OR CREMATORY: St Johns — LOCATION (City, town, or county) (State): Broad Creek Md

DATE REC'D BY LOCAL REGISTRAR: NOV 5-1954 — REGISTRAR'S SIGNATURE: Edna F. Collins — 24. FUNERAL DIRECTOR: Simmons Bros — ADDRESS: 1661-Good Hope Rd SE

RECEIVED
NOV 10 1954
BUREAU V. S

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10765

10726 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Garfield (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: 12-31-89

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Cemetery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypostatic Congestion of Lungs.

ANTECEDENT CAUSE (S) DUE TO Pulmonary Edema

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1954, to 11-16, 1954, that I last saw the deceased alive on 11/16, 1954, and that death occurred at 2:40 AM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS College Park Md DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 11-16-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 11/16/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. S. Washington & Sons ADDRESS 467 M St. N.W. Wash. D.C.

10766

10727

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover, Maryland
STREET ADDRESS (If rural give location) Rt. 2 - Box 261

3. NAME OF DECEASED: (Type or Print) (First) Esther (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept. 22, 1855
9. AGE last birthday 99 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Hypertensive Arteriosclerotic Cardio-

DUE TO (C) Vascular Renal Disease — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov 1954 to 4 Nov 1954, that I last saw the deceased alive on ..... 19.., and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS College Park DATE SIGNED 11/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/9/1954
NAME OF CEMETERY OR CREMATORY First Baptist Ch. Cem.
LOCATION (City, town, or county) (State) Glenarden, Md.

DATE REC'D BY LOCAL REGISTRAR 11/4/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Stewart Funeral Home
ADDRESS Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10767

10772 CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxon Hill
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo's
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxon Hill
   STREET ADDRESS (If rural, give location): 5557- Livingston Road S. E.

3. NAME OF DECEASED (Type or Print): (First) HAZEL (Middle) J. (Last) UNDERWOOD

4. DATE OF DEATH: (Month) Nov. (Day) 8th. (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 4-1907

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Bellfonte, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Auman

14. MOTHER'S MAIDEN NAME: Minnie Elda Auman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Clyde S. Underwood -5557 Livingston Road S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Dehydration, General Visc. Failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis, Ovaria	4 mos.
	(c) Poss. Carcinoma of lung	Est. 1-2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Aug 19 54 to 8 Nov 19 54, that I last saw the deceased alive on 8 Nov 19 54, and that death occurred at 9¼ a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William F. Collister Jr. M.D.

ADDRESS: 4221 S. Capitol St.

DATE SIGNED: 8 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 11th 54

NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

LOCATION (City, town, or county) (State): Richmond, Virginia

DATE REC'D BY LOCAL REG.: Nov. 8-1954

REGISTRAR'S SIGNATURE: Edna F. Collister
Carrie F Campbell

24. FUNERAL DIRECTOR: Demarr Bros

ADDRESS: 1661- Good Hope Road, S.E. Washington, D.C.

10690

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 10768

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 9yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Box 137 University Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) R.F.D. Box 137 University Lane

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John		Voytko	11 -	3 -	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widow	5-10-77	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housepainter	Retired	Hungary	Hungary

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Voytko	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Emma Voytko - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Acute congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Coronary occlusion — DUE TO — (c) Cardiovascular disease.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville) M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 11-3-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/5/54	Ft Washington	Hyattsville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-5-54	Mrs. Jas. Devere Deputy Local Registrar	F Bracchi Sons	Hyattsville, Md.

VS. A15A - 5 - 53

10769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10773

CERTIFICATE OF DEATH

Reg. Dist. No. 245

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
LENGTH OF STAY (In this place) 43 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3908 Webster St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.s.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural, give location) 3908 Webster

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Ashbert (Last) Washington

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: 9-11-1881

9. AGE last birthday: 73 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Farm & Household

11. BIRTHPLACE (State or foreign country): Oxen Hill, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Washington

14. MOTHER'S MAIDEN NAME: Harriet Hatton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 578-44-5827

17. INFORMANT: Hattie J. Washington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia (Hypostatic)	11-10-54
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Arthritis	8-53
	(c) Bronchitis - chronic	3-4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1954, to Nov. 14, 1954, that I last saw the deceased alive on Nov. 14, 1954, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

SIGNATURE: Jno. N. Fuller (Degree or title) M.D. ADDRESS: Brentwood Md. DATE SIGNED: 11-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/18/54
NAME OF CEMETERY OR CREMATORY: Lincoln Memorial
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 11/14/54
REGISTRAR'S SIGNATURE: Amanda Bowie

24. FUNERAL DIRECTOR: Frazier Funeral Home ADDRESS: Washington D.C.

11-17-54 James Perry

VS. A15

RECEIVED
NOV 19 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10728 CERTIFICATE OF DEATH

Reg. Dist. No. 10779 237

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5405-38th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) Webb

4. DATE OF DEATH: (Month) Nov (Day) 12. (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 12-19-04 | 9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private | 10B. KIND OF BUSINESS OR INDUSTRY: secretary | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel w. worley | 14. MOTHER'S MAIDEN NAME: Mary C Mangum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service: No | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Hospital Records, Cheverly, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Generalized carcinomatosis of abdomen — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Adenocarcinoma of sigmoid — 2 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: May 1953 | 19B. MAJOR FINDINGS OF OPERATION: Carcinoma of sigmoid. | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30 1954 to Nov. 12, 1954, that I last saw the deceased alive on Nov. 11, 1954, and that death occurred at 11:30 A M, from the causes and on the date stated above.

SIGNATURE Louis H. Weiss M.D. ADDRESS 3900 Rhode Island Ave. Mt. Rainier, Md. DATE SIGNED 11-12-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 15/1954 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REGISTRAR 11/16/54 | REGISTRAR'S SIGNATURE Amanda A Feeney | 24. FUNERAL DIRECTOR & ADDRESS F Gosda Sons Hyattsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10771

10729

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 31 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges' General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges'
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural give location) 4009 Parkwood Street

3. NAME OF DECEASED: (Type or Print) (First) FLOYD (Middle) JENNINGS (Last) Weidman

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 10 1898

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator

10B. KIND OF BUSINESS OR INDUSTRY: WSSD Plant Guard

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Godfrey F Weidman

14. MOTHER'S MAIDEN NAME: Lillian A. Schrom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. ?

17. INFORMANT & ADDRESS: Cottage City, Md, Jesse Weidman (Brother)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Cardio-vascular disease

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Uremia

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 1954, to 11/26, 1954, that I last saw the deceased alive on 11/25, 1954, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE C. E. Efaune M. D. ADDRESS Cottage City Md DATE SIGNED 11/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov 29. 1954

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REGISTRAR 11/29/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gracia Sons, Hyattsville Md ADDRESS

DEC 2
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

10774

10772

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 1 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coral Hills — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coral Hills
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5300 Paul Road.	STREET ADDRESS (If rural, give location) 5300 Paul Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	M.	WISE	Nov.	4	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	SEPT-29-1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		MARYLAND.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DANIEL BERGIN	UNKOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs Claire Strong - 5300 Paul Rd Coral Hills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular	
	(c) Renal Disease	20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 15, 1935, to Nov. 4, 1954, that I last saw the deceased alive on Nov 3, 1954, and that death occurred at 4:22 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brainum	MD	6164 Central Ave, Capitol Hgts Md	11/6/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11-6-1954	LOUDON PARK	BALTIMORE, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 6, 1954	Louise F. Campbell	J. Wm. Lee & Son	Washington, D.C.

OCT 10 1934
BUREAU V.

MARYLAND

10730

10773

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel #1
LENGTH OF STAY this place 9 yr. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 933 N. Paul (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) HAWKINS (Last) WILLIAMS

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 11-16-1862

9. AGE last birthday: 92 yrs. — If under 1 year: Months. / Days. — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin H. Williams

14. MOTHER'S MAIDEN NAME: Agnes Ridell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. Jesse Davis 4302 Rugby Rd. Balto. 10

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis & Endocarditis — Interval between onset and death: Several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — " "

(c) Senile Dementia — " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1949, to 11-21, 1954, that I last saw the deceased alive on 11-20, 1954, and that death occurred at 12:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sands, M.D. — ADDRESS Laurel Sanitarium, Laurel, Md. — DATE SIGNED 11-21-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov 23 1954 | NAME OF CEMETERY OR CREMATORY Green Mount | LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. 11-23-54 | REGISTRAR'S SIGNATURE G. H. Hedrick | 24. FUNERAL DIRECTOR J. Hoffman Sons | ADDRESS 49 S York Rd

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10774

10775

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelphi
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7911 24th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelphi
STREET ADDRESS (If rural give location) 7911 24th Avenue

3. NAME OF DECEASED: (First) JEANNETTE (Middle) H. (Last) WILLIAMS

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: October 25. 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John McCullough

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Jeannette M. Cicero, 7911 24th Ave Adelphi, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Congestive Failure - Hypertensive Heart Dis. — Interval Between Onset And Death: 2 wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma. Stomach. Liver Metastsgs — old.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17/1954, to 11/11/1954, that I last saw the deceased alive on 11/9/1954, and that death occurred at 7²⁵ AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest A. Daro MD — ADDRESS 7006 New Hampshire Ave Takoma Park MD — DATE SIGNED 11/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 13. 1954 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) Washington. — (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Nov. 12, 1954 — REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy Reg

24. FUNERAL DIRECTOR J. Arthur Walters — ADDRESS 254 Carroll St NW DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 16 1954
BUREAU V. S.

11853

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10731 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Wills

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 6 Nov 54

9. AGE last birthday ___ yrs. IF UNDER 1 YEAR Months ___ Days 1 IF UNDER 24 HRS. Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harold Wills

14. MOTHER'S MAIDEN NAME: Agnes Snoop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mother - as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0

IMMEDIATE CAUSE (A) Intracranial Hemorrhage

ANTECEDENT CAUSE (B) DUE TO Prolonged labor with ante natal trauma

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1954 to 11/7, 1954 that I last saw the deceased alive on 11/7, 1954, and that death occurred at 5:05 AM, from the causes and on the date stated above.

SIGNATURE G. H. Christmas M.D. ADDRESS College Park DATE SIGNED 11/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 11/8/54 NAME OF CEMETERY OR CREMATORY Prince Georges Mem Park LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/29/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W. Evans ADDRESS Dept

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20X+265426

RECEIVED
DEC 30 1954
BUREAU V. S.